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Editorial

Mental health as a public health issue

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Mental health problems constitute a large and increasing part of the burden of disease worldwide.[1] As such, their prevention and the provision of adequate mental health care facilities are important public health issues.[1] Several papers in this issue of the *European Journal of Public Health* add to the evidence that is needed to support this area.[2–4]

First, Cuijpers and co-workers provide tools to increase the effectiveness of prevention of mental disorders in the community.[2] Their paper tackles a problem that many public health workers meet: can we apply the evidence on the effectiveness of preventive measures from other countries to our own society? In mental health prevention, by far the majority of interventions and majority of studies on effectiveness have been performed in the USA. Their applicability in a European context is not self-evident. Cuijpers and co-workers[2] provide a procedure to assess the likelihood of successful implementation in a different country. Its conciseness is appealing, and it may help to rationalise decisions on prevention and treatment in public mental health.

Next, two papers focus on specific populations that can be expected to be at higher risk of (mental) health problems because of exposures to potentially traumatising events. Deeg and co-workers[3] examined the effects of the Amsterdam aircraft disaster in 1992, when a freight plane crashed on a block of flats. Their results show a small effect on physical and cognitive functioning of elderly Amsterdam residents who lived in the vicinity of the disaster, but not on self-perceptions of health. No effects were found among elderly Amsterdam residents living further away. Their results indicate that the impact of this disaster on community health was small. This confirms findings from a study that was published over 10 years ago showing no effects on self-reported mental symptoms among the Amsterdam population aged 16 years and over, neither in the affected borough nor elsewhere.[5] However, in between these two publications, the Dutch Minister of Public Health was almost forced to resign after a parliamentary inquiry on the disaster, because of a refuted inadequate aftercare for the people that lived in the affected area or worked in acute disaster services. This indicates the big societal impact of such a disaster.

A similar public health problem of adequate aftercare concerns veterans, the topic of a third paper in this issue, written by Iverson and co-workers.[4] They performed a follow-up until 2001 of three groups of British military personnel, including those deployed in the Gulf war in 1990–1991. Iverson and co-workers conclude that most who left service during follow-up found another job, including those who had been deployed in the Gulf war, but relatively few among those who already had mental health problems during active service. However, their study also shows high levels of mental health symptoms among all groups, both among those who left active service and among those who remained. Again the question to be answered remains which (mental) health services should be provided.

In the Netherlands, the National Health Council has been asked by the Minister of Public Health to advise on medium- and long-term care after disasters, a request induced by Dutch disasters such as the Amsterdam aircraft disaster,[3,5] and a café fire affecting over 300 adolescents.[6] Recently, the request has become even more urgent, worldwide, by the tsunami of December 26, 2004, in South Asia that killed hundreds of thousands of people and affected many more. The mental health effects of disasters, the effectiveness of care, and the provision of adequate long-term services, preferably embedded in regular primary care as advised by the WHO,[1] are, then, urgent topics. Evidence as published in this issue of the journal is a good start, but much more evidence remains necessary.

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